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CONFIRMATION NO. 6393

Bib Data Sheet

SERIAL NUMBER 10/665,770	FILING OR 371(c) DATE 09/19/2003 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. D6475
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## APPLICANTS

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## CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/412,234 09/20/2002

## FOREIGN APPLICATIONS \*\*\*\*

*note*  
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and  
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## TITLE

Treatment of irritable bowel syndrome and related bowel diseases

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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